

PE-70. EFFECTS OF TOPICAL ANESTHESIA WITH 5% LIDOCAINE PLUS NAPHAZOLIN DURING SEPTORHINOPLASTIES: A COMPARATIVE PROSPECTIVE STUDY.

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Septorhinoplasty is an usual surgery with a difficult management of postoperative pain relief. Upper airways protection, peroperative bleeding's decrease and postoperative analgesia are imperative. Truncular blocks and/or topical anesthesia with cocaine have been proposed, in association with general anesthesia (GA), but they are associated with numerous adverse events. We have studied the role of topical anesthesia with 5% lidocaine plus naphazolin for postoperative analgesia and surgical conditions.

After written consent, 14 patients scheduled for septorhinoplasty were prospectively divided in 2 groups. GA was associated with topical 5% lidocaine with naphazolin (20 ml in nasal fossas swabs) in group 1 (n=7) and with saline (20 ml in nasal fossas swabs) in group 2 (n=7). GA was induced with 3-5 mg/kg propofol and 0.5 µg/kg sufentanil and maintained with isoflurane (variable end expiratory fractions) and sufentanil reinjections (0.1 µg/kg) based on MAP and heart rate changes (> 25% of basal values). Demographic data, amount of sufentanil used, end tidal fractions of isoflurane, surgery duration, surgeons satisfaction index, VAS scores at H1, H2 and H24 and total morphin consumption were noted. Statistic analysis used non parametric tests.

Demographic data and surgery durations were similar between groups. Mean values of peroperative sufentanil consumption were respectively 10 and 20 µg in groups 1 and 2 (p<0.05). Surgeons satisfaction index was excellent for 7 patients in group 1 and unsatisfied for 5 patients in group 2 (p<0.05). Postoperative VAS values are reported in table. Morphin consumptions at H24 were 0 mg in group 1 and 14 mg in group 2 (p<0.05). No adverse events were noted.

Utilisation of lidocaine plus naphazolin as topical anesthesia associated with GA leads to an optimisation of the surgical conditions with reduction of peroperative bleeding. This simple topical anesthesia allows a decrease of the total morphin consumption and an optimal postoperative analgesia in comparison with saline. Physiopathology is not defined: preemptive analgesia, slow resorption of lidocaine due to naphazolin and/or infiltrative block like effect.

median (ranges)	Group 1	Group 2	p
VAS extubation	0(0-2)	4(3-7)	0.001*
VAS 30 min	0(0-5)	7(5-9)	0.002*
VAS 60 min	0(0-2)	5(3-8)	0.001*
VAS 90 min	0(0-3)	5(1-5)	0.003*
VAS 120 min	0(0-1)	3(0-5)	0.009*
VAS 24 H	0(0-2)	3(2-4)	0.004*